09/890951

PATENT APPLICATION FOR DETERMINATION RECORD Effective October 1, 2000

| CLAIMS AS FILED - PART I | | | | | | | | SMALL ENTITY | | | OTHER THAI | | |
|--|---|---|------------------------------|-----------------------------------|--------------------|------------------|---------|-------------------|------------------------|----------|--------------------|------------------------|--|
| TOTAL CLAIMS | | | (Colum | (Column 1) | | (Column 2) | | TYPE | | OR | SMALL | ENTITY | |
| · | | | ļ | - | | | | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUM | BER EXTRA | | BASIC FE | E | OR | BASIC FEE | 800 | |
| TOTAL CHARGEABLE CLAIMS | | | / minus 20= | | <u> </u> | | | X\$ 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | | ninus 3 = | * | | | X40= | | OR | X80= | | |
| MULTIPLE DEPENDENT CLAIM PI | | | RESENT | | | | | +135= | 1 | | +270= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | column 2 | | TOTAL | | OR | | 5/ | |
| | | CLAIMS AS A | D - PΔR' | TII | | | IOIAL | | OR | TOTAL | | | |
| | | (Column 1) | | | | (Column 3) | _ | SMALL | ENTITY | OR | OTHER SMALL | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID I | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * Entation of Mu | Minus | +++ | CLAIN | = | | X40= | | OR | X80= | | |
| | Tinorrhead | / | LIPLE DE | PENDENT | CLAIM | | | +135= | | OR | +270= | | |
| | , | | | | | | L | TOTAL | | ┨┈╏ | TOTAL | | |
| | | (Column 1) | | (Colum | nn 2) | (Column 3) | A | DDIT. FEE | | . | ODIT. FEE | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | EST BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | | Minus | *** | | = | | X40= | | OR | X80= | | |
| | FIRST PRESE | NTATION OF MU | LTIPLE DEF | ENDENT | CLAIM | | | +135= | | OR | +270= | | |
| | | | | | | | L AC | TOTAL DIT. FEE | | L | TOTAL DDIT. FEE | | |
| _ | male that an exist material | (Column 1) CLAIMS | and appropriate the services | (Colum | | (Column 3) | | | | | • | | |
| 5 I | | REMAINING AFTER AMENDMENT | | NUMBI PREVIOU PAID FO | ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | . • | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | | Minus | *** | | = . | | X40= | | - t | X80= | | |
| | FIRST PRESE | NTATION OF MUI | TIPLE DEP | ENDENT (| CLAIM | | - | -135= | | OR | | | |
| • 14 | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | j | OR | +270= | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** TOTAL ADDIT. FEE TOTAL ADDIT. FEE *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |